
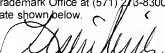


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Grimbergen et al.	Group Art Unit: 1763
Application No: 09/595,778 Confirmation No: 6490	Examiner: Allan W. Olsen
Filed: June 16, 2000	Attorney Docket No: 002077 USA D01/ETCH/SILICON/MDD
Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	February 18, 2008 San Francisco, California 94107

Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$120.00 \$60.00
	<input checked="" type="checkbox"/> Two Months	\$460.00 \$230.00
	<input type="checkbox"/> Three Months	\$1,050.00 \$525.00
	Total \$ 460.00	
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	68	89	0	\$50.00	\$25.00	\$0.00
Independent Claims	9	12	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$460.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$460.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$460.00 .		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
Certificate of Transmission I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300, or filed electronically via EFS on the date shown below.		Respectfully Submitted,  By: Ashok K. Janah Registration No. 37,487	
By:  Leslie Mills	Date: <u>February 19, 2008</u>	Date: <u>February 19, 2008</u>	